

Introduction

- ❖ Resident competence and confidence in physical exam skills is lacking.
- ❖ Despite the advantages and benefits technology has afforded modern medicine, the over-reliance on laboratory and radiologic data may have contributed to a general decline in bedside clinical skills.
- ❖ Multiple articles report that bedside teaching has declined over the years, from once making up about 75% of clinical teaching in the 1960s to only 16% by 1978.
- ❖ This number has almost certainly continued to decline, resulting in a domino effect where residents become less familiar with physical signs, causing them to place less importance on this part of patient care.
- ❖ **Purpose:** In order to effect change on the trend towards over-reliance on technology and poor physical examination skills, there needs to be a concerted effort to teach and model these skills, both on routine bedside rounds as well as in dedicated teaching sessions

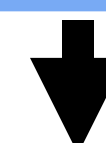
Reasons for decline in physical exam skills among residents:

- 1) Physical exam teaching in medical school is variable
- 2) Few residency programs have formal physical exam teaching curricula.
- 3) Improving on these skills relies on the senior residents or attendings to actively seek out teaching opportunities or work these into daily rounding.
- 4) If senior residents and faculty themselves are lacking confidence in physical exam skills, they are less likely to teach junior residents, leading to an ever-worsening cycle.

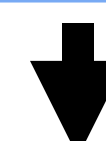


Physical Exam Teaching Rounds Design

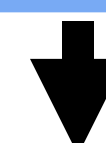
Patients with key physical exam findings are identified by residents each week and placed on a designated EMR list



The Medical Education ("Med Ed") teaching resident selects interesting patient(s) and works with the teaching attending to plan the bedside teaching session



Available residents meet at designated teaching time and go to the bedside with the education resident and teaching attending



Med Ed resident leads brief bedside teaching session with expert commentary from teaching attending.



Med Ed resident receives feedback from participants and teaching attending after the session.

Discussion

- ❖ Literature supports the need for more directed teaching in physical exam skills in residency
- ❖ Many well-intentioned physical diagnosis rounds are ultimately unsuccessful due to lack of sustainability often stemming from the amount of preparatory work required.
- ❖ We have circumvented some of those obstacles in that a rotating resident on his/her medical education elective is in charge of the majority of planning and teaching.
- ❖ Core group of faculty members can remain involved without being over-extended.
- ❖ Bedside teaching and expert feedback that senior residents receive from faculty is an additional benefit which is in line with our medical education elective.
- ❖ Finally, our program fosters mentorship by affording faculty the opportunity to not only teach physical exam skills, but also mentor and give feedback to a new bedside teacher.
- ❖ We hope that by incorporating physical exam teaching rounds into our pre-existing medical education elective, our program will remain in place for years to come and will have a positive impact on resident physical exam skills.

Conclusions & Future Directions

- ❖ We successfully conducted 19 teaching sessions before we had to put Physical Exam Rounds on hold due to COVID-19. They were well-attended and well-received by the residents.
- ❖ We look forward to restarting Physical Exam Rounds in the future and plan on prospectively evaluating resident confidence in physical exam performance.

References & Acknowledgements

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